U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only			
1	9	2005	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 Ella Number II KIA67	2. Fiscal Year Covered From:		
1. File Number U- 14062			
	1 / 1 / 2004   Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Frank A Rossi	Name Teamsters Local Union 404		
	Labor Organization File Number 02513		
P.O. Box, Bldg., Room No., if any P.O. Box 1370	P.O. Box, Building and Room Number, if any		
Street 115 Progress Ave.	Street 115 Progress Ave.		
City   Springfield	City Springfield		
State Massachusetts ZIP Code + 4 01101	State Massachusetts ZIP Code + 4 01104		
5. Position in labor organization, Executive Board Member	The same and the s		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name	Portugue Administra		
Trade Name, if any:	and one of the second s		
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street	7.b. Alliount		
City (	1 - A - A - A - A - A - A - A - A - A -		
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the		
(1)			
Signed frank a form	On 08/05/2005 413 781-6326  Date Telephone Number		

Name of Person Filing Frank Rossi	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionally any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing to, or other or such as the consists of buying from or selling or leasing to, or other or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing to the consists of buying from or selling or leasing to the consists of buying from or selling or leasing to the consists of buying from or selling or leasing to the consists of buying from or selling or leasing to the consists of buying from or selling or leasing to the consists of buying from or selling to the consists of buying from or se	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Teamsters Local 404 H.S.I.P.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 1370  Street 115 Progress Ave.  City Springfield  State Massachusetts ZIP Code + 4 01101	9. Business deals with:  a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name    Trade Name, if any:    P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Provide Health and Welfare Benefi Local's members.	ts to the
City State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Reimbursement of expenses incurre of Trustees meeting of the Tri St 04/17/2004-04/24/2004	
	12.b. Amount.	\$3,308
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).  Name  Trade Name, if any:	Name of the state	the control comme of the control contr
P.O. Box, Bldg., Room No., if any Street  City  State  ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	N 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

Name of Person Filing Frank Rossi	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionable (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in which your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
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Name Teamsters Local 404 H.S.I.P.	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any P.O. Box 1370	c. Employer
Street 115 Progress Ave.	it cost
City Springfield	
State Massachusetts ZIP Code + 4 01101	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Provide Health and Welfare Benefits to the Local's members.
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing. \$3,000,000
State ZIP Code + 4	Reimbursement of expenses incurred attending a Board of Trustees meeting of the Tri State Joint Fund from 06/04/2004.
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	TO MATERIAL AND
	12.b. Amount. \$62
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	COLORONAL PROPERTY AND ADMINISTRATION OF THE PROPER
Name	The second secon
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
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City	An interesting the second seco
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Frank Rossi		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing to, or other or an experience of the consists of buying from or selling or leasing to, or other of an employee whose employees your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or directly to, or otherwise	s	
8. Name and address of Business (including trade name, if any).  Name Teamsters Local 404 H.S.I.P.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 1370	9. Business deals with:  A Labor Organiza  b. Trust	stion	
Street 115 Progress Ave.  City Springfield  State Massachusetts ZIP Code + 4 01101	c, Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such deal Provide Health and Local's members.	~~~\~ · · · · · · · · · · · · · · · · ·	ts to the
City State ZIP Code + 4		d or income received.  Expenses incurred g of the Tri Sta	\$3,000,000  d attending a Board ate Joint Fund from
	12.b. Amount.		\$1,018
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	Management 15 commons as six	
Name Trade Name, if any:	Account of the control of the contro		THE PROPERTY CONTRACTOR
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4		vik y v v v v v v v v v v v v v v v v v v	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		age and a state of the state of

Name of Person Filing Frank Rossi	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included the property of the dealing with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name   Teamsters Local 404 H.S.I.P.  Trade Name, if any:   P.O. Box, Bldg., Room No., if any   P.O. Box 1370   Street   115 Progress Ave.  City   Springfield   State   Massachusetts   ZIP Code + 4   01101	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Provide Health and Welfare Benefits to Local's members.	o the
City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Reimbursement of expenses incurred at of Trustees meeting of the Tri State 11/17/2004.	
	12.b. Amount.	\$55
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	parts A and B above) or other thing of value.	SALE A STATE OF THE SALE AS A SALE A SALE AS A SALE A SALE AS A SA
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name	Terro i picco di constanto una	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	/